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ABSTRACT

This collection of nine pamphlets is intended to increase the general public's awareness about the nature and importance of learning disabilities; to facilitate the access of parents and individuals with learning disabilities to practical information and sources of assistance; to expand access to practical information about existing research findings, innovations in learning methods, and relevant technology; and to increase the use of such information by teachers, school administrators, parents, pediatricians, and others. The largest pamphlet offers definitions, basic facts about learning disabilities, data on public attitudes and awareness of learning disabilities, and recommendations from a two-day 1994 summit on learning disabilities policy. Three brochures are directed at specific populations: parents, teachers, and doctors. The remaining five brochures provide information on: (1) warning signs (to improve early diagnosis and timely intervention); (2) learning disabilities research highlights (mainly from research centers sponsored by the National Institute of Child Health and Human Development); (3) legal rights (under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990); (4) advocating for a child with leaning disabilities; and (5) resources (a list of 11 national organizations). (DB)

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[Information Kit on Learning Disabilities].

People with learning disabilities have average to above average intelligence but have trouble learning because their minds process words or information differently.

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Approximately of the U.S. population (39 million people) are affected by learning disabilities.[1]

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of adults with severe literacy problems have undetected or untreated learning disabilities.[2]

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The Facts

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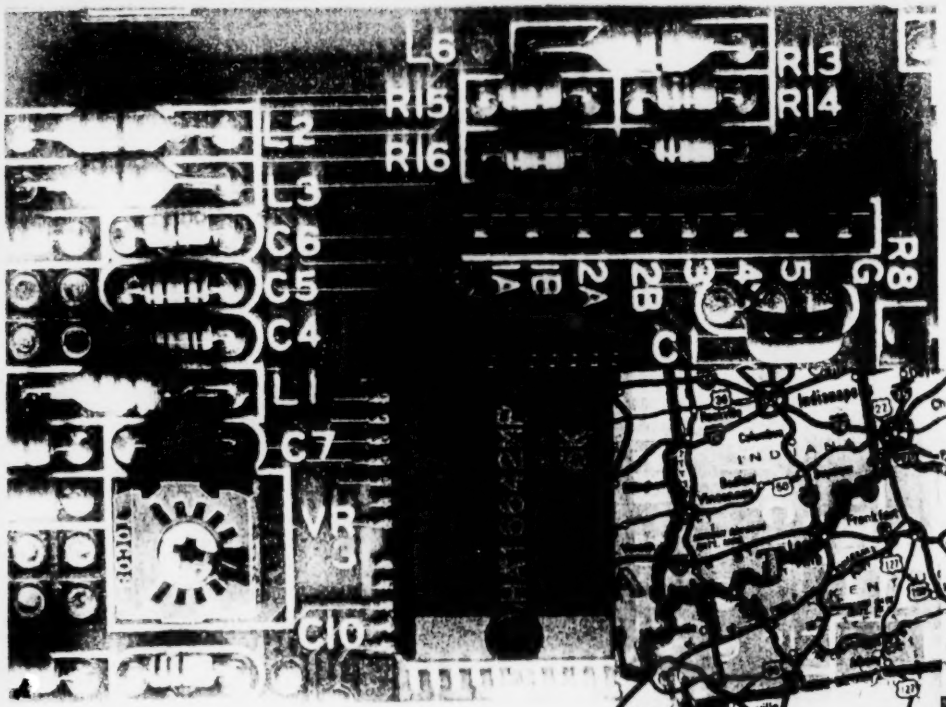

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The Emily Hall Tremaine Foundation was endowed in 1991. It is the Foundation's mission to seek and fund innovative projects that advance solutions to basic problems in our society. With an overall emphasis on education, principally in the United States, the Foundation takes an active role in supporting initiatives that foster the success of individuals with learning disabilities. It emphasizes strategies that: increase the general public's awareness about the nature and importance of learning disabilities; facilitate the access of parents and individuals with learning disabilities to practical information and sources of assistance; expand access to practical information about existing research findings, innovations in learning methods and relevant technology; and increase the use of such information by teachers, school administrators, parents, pediatricians, and others. The Emily Hall Tremaine Foundation works with national learning disability organizations to further the goals of both the Foundation and the organizations in a collaborative manner.

The term 'learning disability' means a disorder in one or more of the basic processes involved in understanding spoken or written language. It may show up as a problem in a person's ability to listen, think, speak, read, write, spell or do math, despite at least average intelligence. The term 'learning disabled' does not refer to children who have learning problems which are primarily the result of visual, hearing or physical handicaps, mental retardation, emotional disturbance, or of environmental, cultural, or economic disadvantage.

Learning disabilities are a national problem of enormous proportions. Every year, 120,000 additional students are found to have learning disabilities, a diagnosis now shared by 2.4 million schoolchildren in the U.S. Many thousands more are never properly diagnosed or treated, or fall between the cracks because they are not deemed eligible for service.

The impact of learning disabilities is not limited to its effects on individual students. The consequences of not properly identifying and addressing learning disabilities are felt by every major institution in our country. Schools are affected because of the enormous challenge of meeting the needs of their students with disabilities, without proper training or funding. Businesses are affected because the pool of trained and skilled workers is diminished. And the criminal justice system is affected because of the high number of adults in the system who were not properly diagnosed and treated for learning disabilities when they were children.

The challenge presented by learning disabilities requires a coordinated national response – from teachers, educational institutions, researchers, medical professionals, and government. Each must be involved in developing an effective national strategy to address the problems posed by learning disabilities.

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Adapted from the National Advisory committee on Handicapped Children (NACHC) 1967, also included in the Americans with Disabilities Act of 1990 (PL 101-336).

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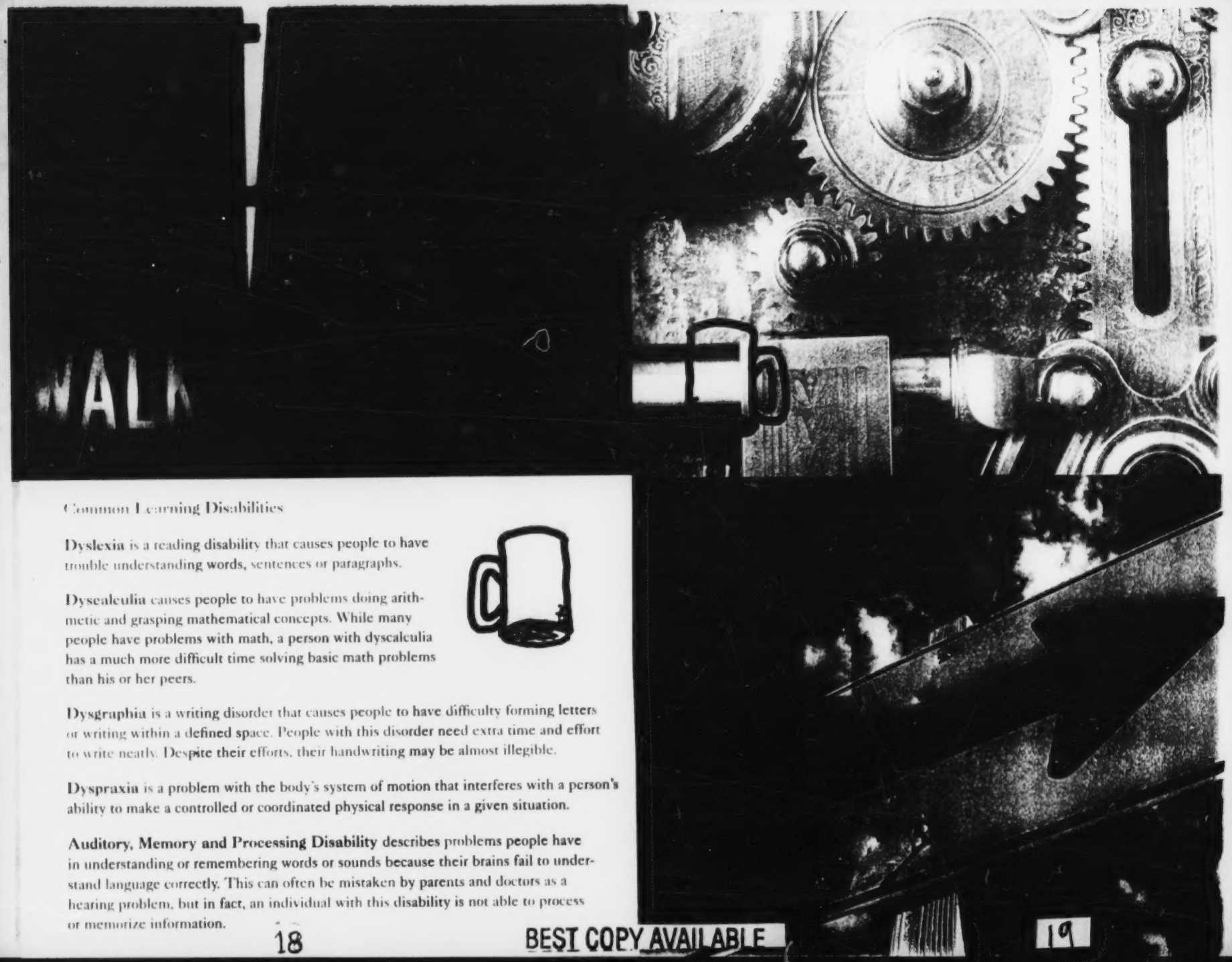

Common Learning Disabilities

Dyslexia is a reading disability that causes people to have trouble understanding words, sentences or paragraphs.

Dyscalculia causes people to have problems doing arithmetic and grasping mathematical concepts. While many people have problems with math, a person with dyscalculia has a much more difficult time solving basic math problems than his or her peers.

Dysgraphia is a writing disorder that causes people to have difficulty forming letters or writing within a defined space. People with this disorder need extra time and effort to write neatly. Despite their efforts, their handwriting may be almost illegible.

Dyspraxia is a problem with the body's system of motion that interferes with a person's ability to make a controlled or coordinated physical response in a given situation.

Auditory, Memory and Processing Disability describes problems people have in understanding or remembering words or sounds because their brains fail to understand language correctly. This can often be mistaken by parents and doctors as a hearing problem, but in fact, an individual with this disability is not able to process or memorize information.

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Facts About Learning Disabilities

What Are Learning Disabilities?

> A learning disability is a neurobiological disorder, meaning there are differences in brain structure and/or function in a person who has learning disabilities. These differences lead to difficulty in learning.

> Learning disabilities impede the ability to store, process or produce information. People with learning disabilities have trouble learning because their minds process words or information differently than people who learn normally.

> Deficits in basic reading skills are the most common and often the most debilitating forms of learning disabilities. Eighty to eighty-five percent of students with learning disabilities who receive special education and related services have their basic deficits in language and reading.

> Learning disabilities can affect the ability to read, write, speak, or compute math and can impair one's ability to build social relationships.

> Learning disabilities can occur along with, and be complicated by, problems in attention and the development of social skills.

> Learning disabilities have distinct characteristics and should not be confused with mental retardation, autism, deafness, blindness and behavioral disorders. None of these conditions are learning disabilities.

Who Experiences Learning Disabilities?

> Approximately one out of seven Americans experience some type of learning disability.

> People with learning disabilities are generally of normal or above average intelligence. Their learning disability, however, creates a gap between ability and performance.

> Learning disabilities often run in families.

> Fifteen percent of the U.S. population, or 39 million Americans, have some form of learning disability.

> Fifty percent of all public school students in special education have learning disabilities.

What Can Be Done to Help Children with Learning Disabilities?

> Early identification of youngsters with learning disabilities makes a critical difference in helping them learn the skills they need to compensate.

> Intervention by school personnel, who are required by law to create and carry out an Individualized Education Program (IEP), can help a youngster develop the skills to cope with her or his learning disability.

> Support from parents and educators is vital to help children with learning disabilities reach their full potential.

What Happens When Learning Disabilities Go Untreated?

> People with learning disabilities that have not been diagnosed or properly addressed, or who are deemed "ineligible" for treatment, can experience serious, life-long negative consequences. The results can include loss of self-esteem, delinquency and illiteracy. The individual, as well as our society, is harmed.

> Thirty-five percent of students identified with learning disabilities drop out of high school, contributing greatly to the nation's school drop-out rates. (This does not include the students who drop out without ever being identified as having learning disabilities.)

> Fifty to eighty percent of adults with severe literacy problems have undetected or untreated learning disabilities.

> Learning disabilities are one of the most common obstacles to the employment of welfare recipients.

> Fifty percent of young criminal offenders tested were found to have previously undetected learning disabilities. When offered educational services that addressed their learning disability, the recidivism rates of these young offenders dropped to below two percent.

Compiled using information from the Parents' Educational Resource Center and the National Center for Learning Disabilities

Public Attitudes & Awareness of Learning Disabilities

People with Learning Disabilities Experience Serious Discrimination.

> Of Americans who state they have learning disabilities, 44% say they received "less than equal treatment" in school because of their disability.

> A generation later, *parents* of children with learning disabilities say things are only slightly better now. Thirty-eight percent of parents of children with learning disabilities believe their children receive less than equal treatment because of their disability.

> Eighty-five percent of Americans agree that children with learning disabilities are often put down by teachers and fellow students at school. Of the over 2 million children identified as having learning disabilities in the U.S., it is estimated that 35% drop out of school, fully twice the rate of their non-disabled peers.

> An overwhelming 89% of respondents agree that adults who have learning disabilities suffer a lot of pain and humiliation.

> More than six in ten (65%) respondents believe that adults who have learning disabilities are sometimes fired when their learning disability becomes public.

Learning Disabilities are Often Misunderstood By Educators and the Public.

> An overwhelming majority of the survey respondents, between 60% and 85%, incorrectly identified a number of conditions, including mental retardation, blindness, and emotional problems, as being associated with learning disabilities.

> Alarmingly, similar percentages of teachers, between 61% and 91%, also misidentified these conditions as being associated with learning disabilities, revealing a widespread lack of understanding, even among those who should be providing early identification and knowledgeable assistance.

> While students with learning disabilities are typically of average or above average intelligence, 85% of Americans mistakenly associate learning disability with mental retardation and 68% believe that being a "slow learner," or mildly retarded, is an indicator of learning disabilities.

Americans Support Early Efforts to Identify and Assist Children with Learning Disabilities.

> Ninety-seven percent of Americans would have great (82%) or some (15%) concern if a child or grandchild of theirs was found to have learning disabilities.

> Sixty-eight percent of respondents said they favor the earliest identification of potential learning disabilities in children, beginning in preschool. Appropriate early intervention can help youngsters learn how to compensate for learning disabilities.

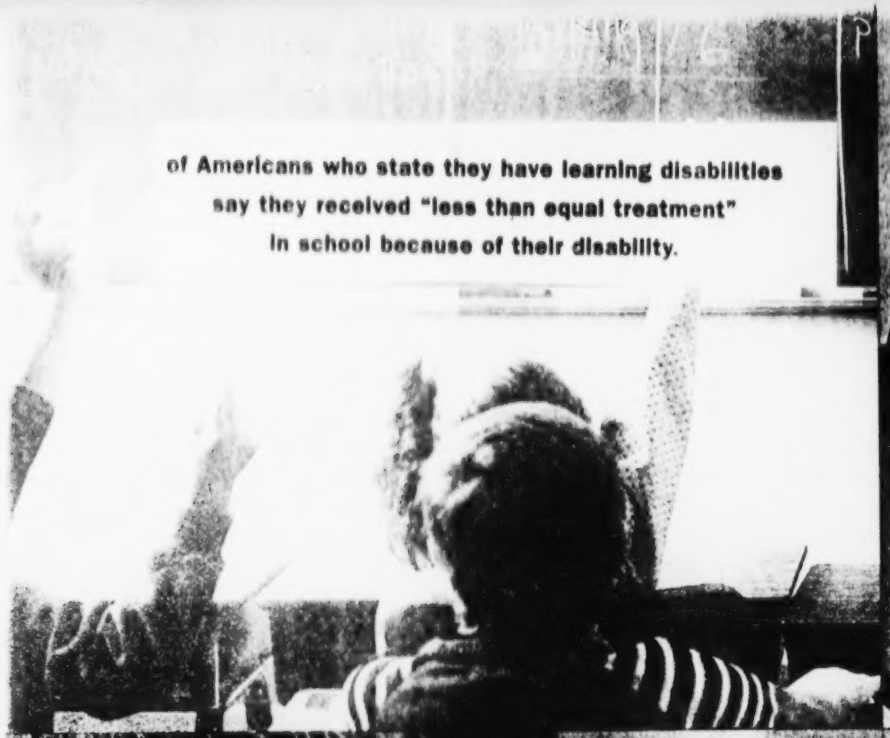
> Schools are seen as the primary resource for children and families dealing with learning disabilities. Parents of children diagnosed as having learning disabilities are twice as likely to turn to someone in their school for information (60%) than to their doctor or pediatrician (32%).

> Eighty-six percent either somewhat (20%) or strongly (66%) agree that children with learning disabilities are more likely than most to drop out of school if their special needs are not recognized and addressed.

> Strong support (62%) exists among the American public for teachers to adapt their teaching style to help every child reach his or her full potential. Only 32% disagree, saying that teachers should teach to the most common learning style. Teachers (67%) are even more likely to endorse teaching to individual learning styles.

> When made aware that learning disabilities are permanent and not "curable," more than 90% of respondents either somewhat (38%) or strongly (55%) supported increased government spending on education programs and facilities for children with learning disabilities.

From "Learning Disabilities and the American Public: A Look at American Awareness and Knowledge," Emily Hall Tremaine Foundation/Roper Starch Worldwide national poll, March, 1995



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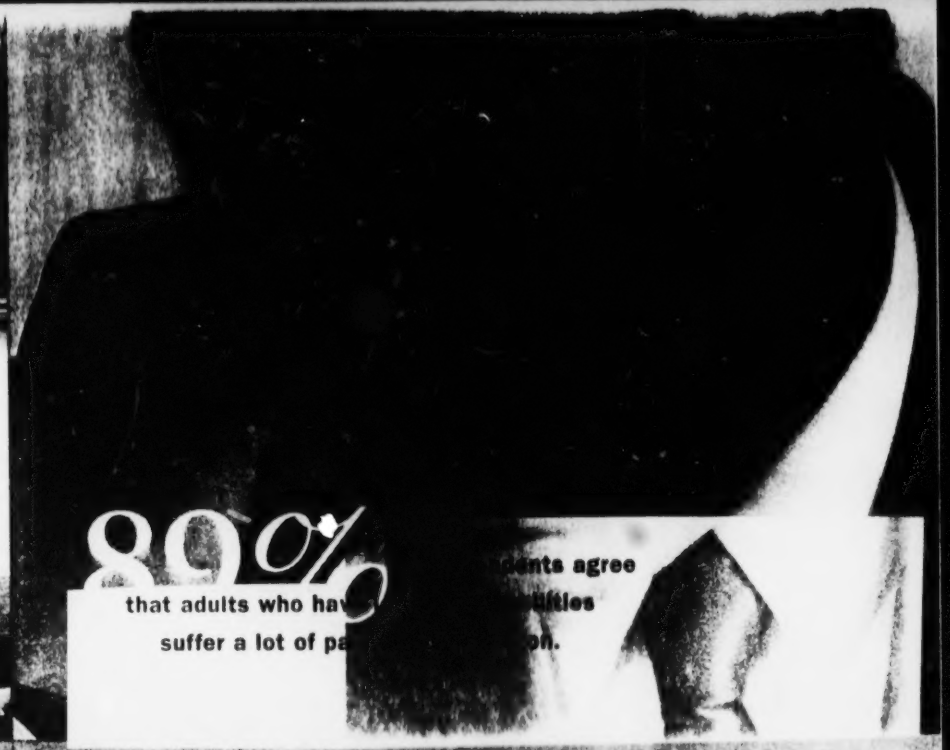

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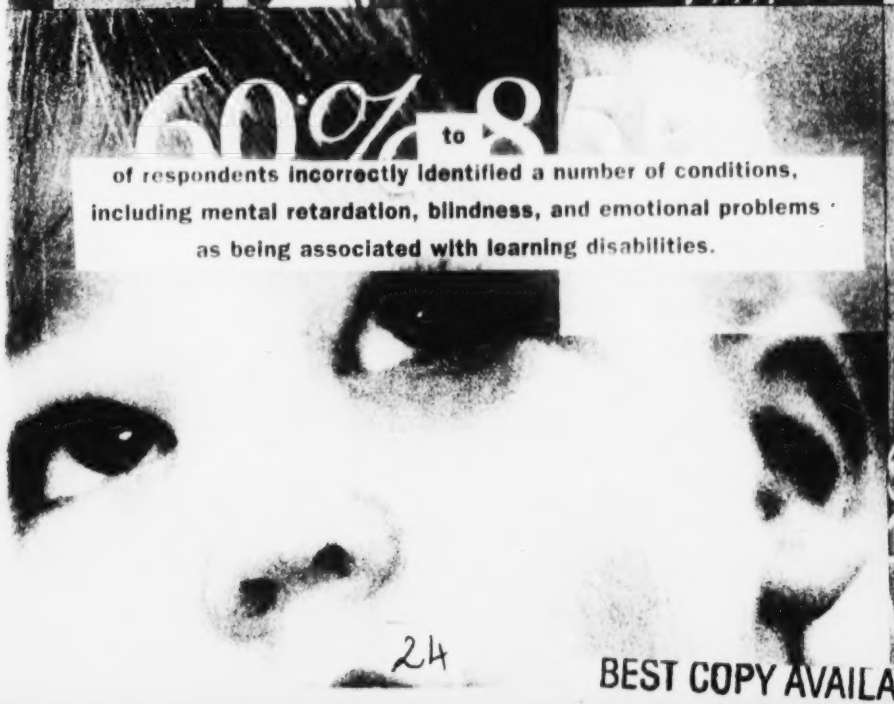

60% to 8

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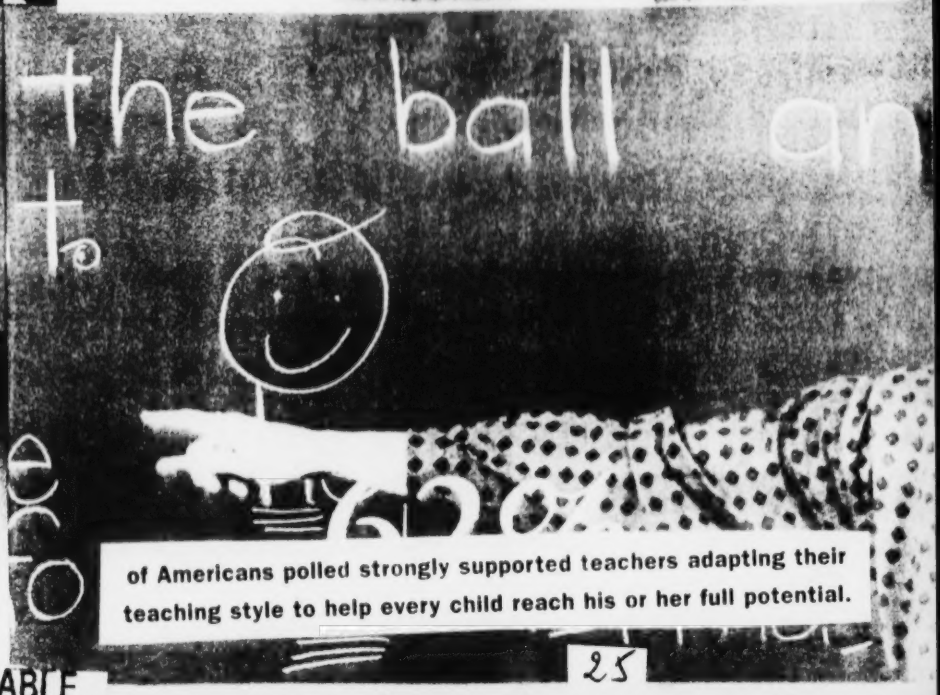

of Americans polled strongly supported teachers adapting their
teaching style to help every child reach his or her full potential.

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Learning Disabilities Policy

On September 20 and 21, 1994, the National Center for Learning Disabilities convened a two-day summit, co-hosted by the Orton Dyslexia Society and Learning Disabilities Association of America, entitled *Learning Disabilities: A National Responsibility*. This extraordinary meeting of organizations and experts serving people with learning disabilities yielded a series of policy recommendations that provide the framework for a national response to learning disabilities.

The following are a few of the policy recommendations from that conference:

Research

The Summit called for the vigorous pursuit of learning disabilities research, stressing the benefits of collaborative research that integrates analysis of the medical and scientific, educational, and social issues that are all a part of learning disabilities. The Summit emphasized that, to be successful and relevant, all these research efforts should incorporate plans to disseminate what is learned and should give careful thought to the practical impact of research on people with learning disabilities. The Summit called for:

More studies to determine which interventions work best for which children in which setting and at which ages;

The identification of biological bases of learning disabilities, including investigations in genetics and neurobiology;

Further research into co-occurring disorders, such as Attention Deficit Disorder, which occur in greater frequency in people with learning disabilities;

Research to develop a scientifically based set of assessment procedures which are predictive of learning disabilities, and allow for the development of more effective and earlier intervention strategies.

Later Age Intervention

The Summit also recommended a series of actions to help us better understand and respond to the needs of adults with learning disabilities, who may never have received appropriate intervention during their school years. These recommendations include an emphasis on:

Research to find similarities and differences in child and adult needs relating to intervention strategies;

The further development of screening and intervention techniques for adults with learning disabilities who attend literacy programs;

Research to develop measurements of literacy in the workplace and suggest appropriate workplace interventions, and the encouragement and development of adult education programs that incorporate literacy, job training, and basic education.

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Teacher Preparation

No issue deserves greater national emphasis than teacher preparation. Already, there is a considerable lag between what is known about learning and what actually occurs in the classroom. Overcoming this gap in information and training is key to improving the lives of children with learning disabilities. To improve the skills and preparedness of teachers, the Summit recommended:

Training of educators to correctly identify children with learning disabilities;

Establishment of a National Institute on Teaching to coordinate all efforts in education research and practice;

Identification and dissemination of information about effective teacher preparation programs;

Training of professionals who work with children and adults with learning disabilities, validation of techniques for addressing these problems, and development of certification requirements for the teaching of adults with learning disabilities.

Collaboration

The causes of learning disabilities are neuro-biological, yet the interventions are educational. Diagnosis and treatment crosses many disciplinary boundaries. But too often, services provided and efforts made on behalf of those with learning disabilities are compartmentalized and provided by different agencies and organizations–often preventing the effective integration of services and information for people with learning disabilities. Collaborative efforts are key to capitalizing on the information we now have, and moving forward in a well-coordinated effort to serve all of the needs of people with learning disabilities. In this area, the Summit recommended:

Developing a coherent national strategy for learning disabilities through the establishment of an Interagency Committee on Learning Disabilities, working with key cabinet level agencies including HHS and the U.S. Departments of Justice, Labor, and Education; [This committee has been established]

Encouraging partnerships between the private and public sectors to implement the learning disabilities agenda at the local, regional and national levels;

Broadening the scope of research design to include planning input from individuals outside the research community, including practitioners and consumers.

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Awareness

Misunderstanding and lack of awareness of learning disabilities, their effects, and appropriate treatments are as widespread as learning disabilities themselves. The national poll conducted on behalf of the Emily Hall Tremaine Foundation revealed that the misunderstanding about learning disabilities is as extensive among educators as among the general public. With the goal of promoting public awareness as the key to effective early diagnosis and treatment of learning disabilities, the Summit recommended the following:

Learning disabilities research should always include a public information dissemination plan, targeting a broad-based national audience;

National organizations and private funders should build large scale coalitions to maximize delivery of information about learning disabilities and assure the largest and best informed possible audience;

Awareness campaigns should be directed to specific targeted audiences such as educators, employers, unions, the media, correctional system personnel, and all other systems and agencies serving people with learning disabilities.

Public information campaigns should:

Target parents, so they understand their children's rights, especially with regard to an Individualized Education Program (IEP);

Include the active participation of organizations serving a diverse range of ethnic communities, and include these organizations in information dissemination strategies;

Develop a multi-lingual approach to information dissemination.

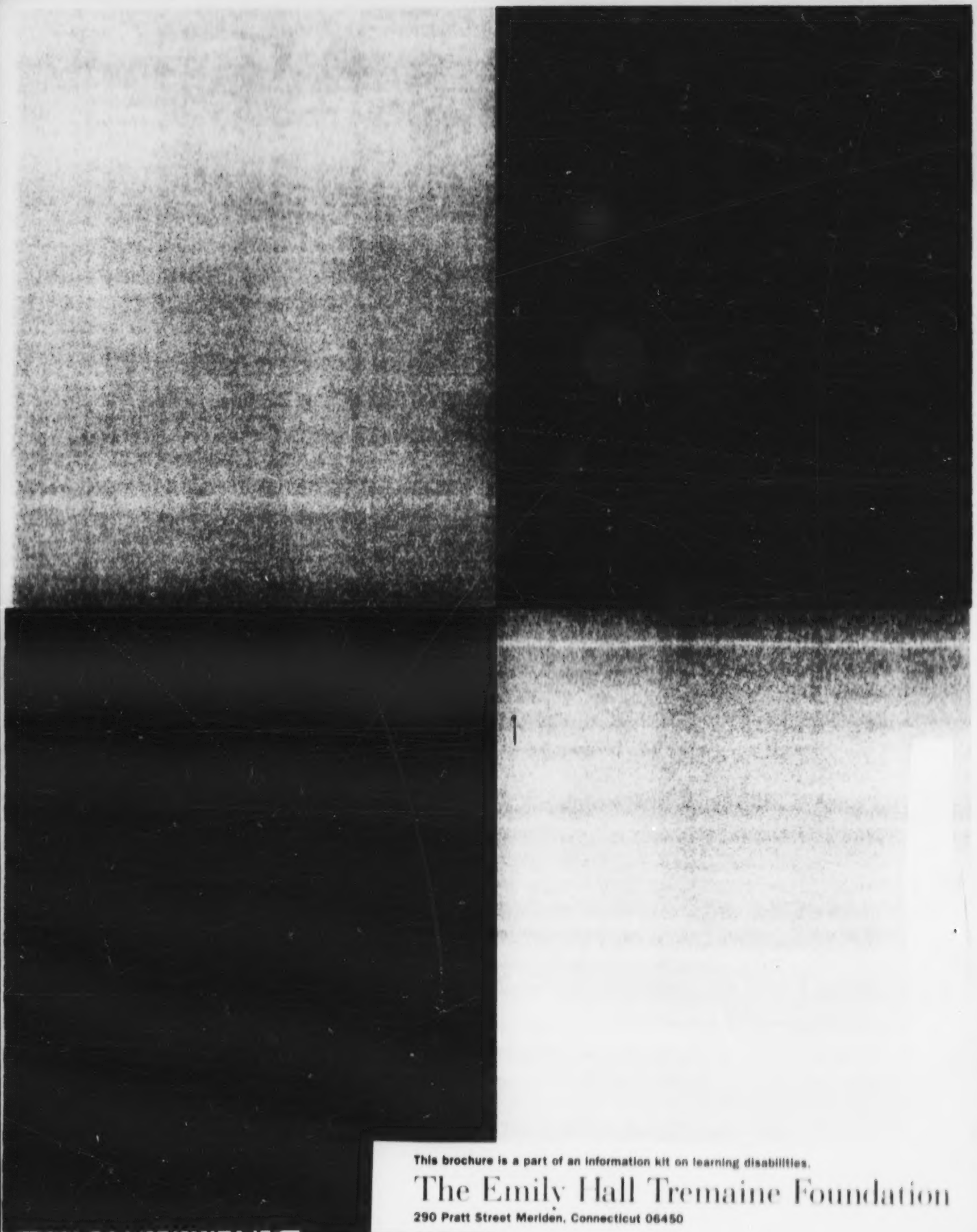
Funding

Many of the issues listed above require the financial support of local, state, or federal governments, the private sector, or both. In the current fiscal climate, there is an urgent need to evaluate and prioritize the use of existing monies. But we must also insist that the government live up to its commitments by fully funding mandated services.

Funding priorities include:

Improving teacher training. Focus groups have shown that many teachers do not receive the training and information they need to help children with learning disabilities.

Targeting funds towards intervention at the earliest possible time. In the long run, this will cut costs in special education and juvenile correction services.



This brochure is a part of an information kit on learning disabilities.

The Emily Hall Tremaine Foundation
290 Pratt Street Meriden, Connecticut 06450

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Sources

1. National Institute of Child Health and Human Development
2. National Institute for Literacy
3. 17th Annual Report to Congress on the implementation of IDEA (The Individuals with Disabilities Education Act). Education Department, Office of Special Education, October 1995. "Early diagnosis of learning disabilities, coupled with successful intervention, can help to prevent or ameliorate academic and social failure." (National Center for Learning Disabilities)
4. National Longitudinal Transition Study (Wagner 1992)

Credits

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Published by Routledge

of students with learning disabilities were not fully employed after graduating from high school.[4]

2.4 million

[illegible] learning disabilities

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wouldn't have gotten any help if my mom hadn't pushed for it. In fact, the school didn't believe I had a problem. But my mom got me tested. And she was right, of course.

I would tell parents: look for the things that go with a learning disability. If your kid is taking more time with homework, if they're having trouble in school, like getting into fights. If your kid is worried about school—sometimes th are quiet, or try to hold in their feelings.

If your kid is an incredible genius in one subject and flunks another one, and works re hard and doesn't get anywhere in a certain subject, then you've got to do something about it."

— Focus Group, Teenagers with Learning Disabilities Connecticut

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What Parents & Guardians Can Do About Learning Disabilities

The National Institutes of Health estimates that as many as 15% of America's young people live with the "hidden handicap" of learning disabilities which, if undiagnosed and untreated, can lead to serious problems for the individual and society–such as poor self-esteem, failure to thrive in school and difficulty in the world of work. A key to reducing the problems caused by learning disabilities is early diagnosis and proper intervention by professionals. While learning disabilities never go away, timely intervention by parents and guardians can help children compensate for their disabilities. Here are some recommendations.

The program is a written statement containing: your child's current educational performance; short- and long-term educational goals and strategies; the content and duration of his or her special education programs and related services; and criteria and schedules for ongoing evaluations. For students over 14, an IEP should also include a listing of transition services to facilitate their moving from school to the "real world." All children with learning disabilities who receive special education services must have an IEP. Parents and guardians should familiarize themselves with the content and aims of this document.

Stress your child's strengths

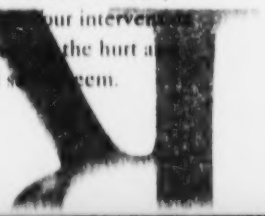
Children with learning disabilities often have superior skills in music, visual arts and other creative areas. A child with a learning disability who has trouble reading may excel in math or in understanding scientific concepts. Rather than focusing solely on your child's deficiencies, encourage and reward your child's efforts in areas of proficiency. Encourage learning about things that are of interest to your child, even if they are outside the array of subjects addressed in the classroom.

Explain the situation fully to your child and support his or her efforts to learn

This is a crucial element to the success of any intervention on your child's behalf. Children with learning disabilities must be assured that they are not dumb or lazy –they are intelligent people who have trouble learning because their minds process words or information differently. Emphasize your confidence that with a determined effort, the child will meet the challenge.

Avoid humiliating your child

Your child may have suffered socially and educationally because of his or her learning dis[illegible]our interven[illegible] should be aimed at reducing and re[illegible]the hurt a[illegible] damage and building confidence and s[illegible]eem.

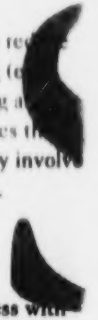


Identify accommodations that can be made to alleviate some of the child's difficulties at school (and at home)

Meet with educators and guidance counselors to ensure your child's needs are being met through the school's individualized teaching methods and specialized learning programs. Remember, as a parent or guardian you are the most effective advocate for your child.

Work with your child to circumvent his or her weaknesses

Work with your child to develop ways he or she can re[illegible] or eliminate the difficulties encountered in learning (e[illegible] create a home environment that encourages learning a[illegible] study, plan informational family outings and activities th[illegible] complement the child's school studies, etc.) **Actively involve the child in the solution to his or her own problems.**



Re-evaluate your child regularly and monitor his or her progress

Compare personal evaluations of your child's progress with IEP evaluations (monitored yearly) to ensure his or her needs are being met and that progress is being made. If your child is not making progress, discuss your observations with school personnel so necessary changes can be made.

Use all relevant resources and professional assistance to meet your child's specific needs

No two people are alike. Similarly, no two children with learning disabilities are alike. Use available educational resources, medical advice, and professional organizations to help your child develop the skills to overcome his or her learning disabilities.

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Watch for the "warning signs" of learning disabilities

Most children have difficulty at one time or another with spoken or written language, memory, attention, concentration, organizational skills, physical coordination, or social behavior. However, *consistent* problems with a *group* of these behaviors is a good indication that a child may have a learning disability.

Gather information about your child's performance both in and out of school

Meet with your child's teachers, tutors and school counselors to determine his or her performance level, overall abilities and attitude at school. Observe your child's ability to perform assigned tasks in the home. Note consistencies in problems he or she encounters in tasks performed at home and at school.

Meet with a professional to discuss your child's situation

Visit your child's doctor, teacher, or another qualified professional (such as a resource room teacher, school psychologist, or special educator) to assess his or her situation. These trained professionals should provide you with the necessary advice, support, information, and referrals to deal with your child's possible learning disability.

If you think your child has a problem with learning disabilities...

Ask school authorities to provide a compr[illegible]sive educational evaluation of your child

This evaluation is provided on either your own [illegible] mendation or that of a professional (such as you[illegible]child [illegible] atrician or teacher) with your written permissio[illegible] The results, which determine whether your chi[illegible] should receive specialized educational assistance, are u[illegible]d to develop an Individualized Education Program[illegible]P).

Become an advocate for children with learning disabilities

Remember, you are not alone. By joining with other parents you can increase awareness of the issue, dispel popular misconceptions, and help establish educational systems that provide for the needs of children with learning disabilities. The national organizations on the *Resource* pamphlet included in this kit, most of which have local chapters, can help you and other parents/guardians advocate for your children.

Know your child's legal rights

Familiarize yourself with your child's legal rights regarding appropriate educational services. The Individuals with Disabilities Education Act (IDEA) 1990 requires that your child's school must provide appropriate educational services for your child or pay tuition to a private school if it is unable to do so.

Compiled [illegible]ng information from the National Center for Learning Disabilities, [illegible]h Orton [illegible]dyslexia Society and the Learning Disabilities Association of America.

[illegible]e is a part of an information kit on learning disabilities.

[illegible]Emily Hall Tremaine Foundation

[illegible]rest Station, Connecticut 06488

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I work with a lot of kids with learning disabilities. They might be reading or printing backwards. Or they can't remember to bring their books to class. Sometimes it's the kid who's withdrawn.

There's a lot that can be done to help kids with learning disabilities. You develop techniques to help kids learn more visually, or create cooperative learning situations.

A lot of my colleagues are frustrated because they haven't gotten any training on how to help these kids. The truth is, since college or graduate school, some of us have only received two hours of training on learning disabilities. Some haven't received any.

– Iowa Group, Educators, Pittsburgh, PA

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What Teachers Can Do About Learning Disabilities

Teachers are an essential link between children with learning disabilities and the interventions and services that can help them. There is no student with a learning disability who cannot learn if a teacher has received appropriate training and is willing to spend the time, using his or her expertise to reach and teach that child. To most effectively help children with learning disabilities, teachers should:

- Write assignments on the board so the student can copy them in a notebook, or provide the student with the list of assignments.
- Make sure that students with learning disabilities have enough time to answer test questions. If necessary, change testing procedures if the testing mechanism itself interferes with a student's ability to demonstrate his or her knowledge.

Not all of these recommendations apply to each student, and individual strategies should be developed to address the needs of individual students with learning disabilities. Implementing changes such as these in the classroom can minimize the impact of learning disabilities upon academic achievement.

Provide individualized instruction

Frequently, students with learning disabilities have more difficulty than others in grasping concepts and communicating information in class. To be effective, teachers should modify their instruction to meet the various learning styles and abilities of students with learning disabilities.

Provide a structure for learning

Many students with learning disabilities have difficulty organizing information, developing work habits, and coping with change. Teach them to monitor their own progress and regulate the time and effort they spend on each assignment. Maintain consistent teaching routines and methods.

Build self-esteem of students with learning disabilities

Build confidence among these students by delivering information in a gradually more progressive manner, allowing them time to master a topic at one level before moving on to more difficult material. Recognize and help them appreciate the value of their creativity.

Meet with parents to discuss their child's problems at school

Parents and guardians are often unaware of their child's problems at school. Meet with them and discuss the situation in an open and supportive manner. Ask their permission to administer an educational evaluation of the student when such an evaluation seems warranted.

Collaborate with parents and guardians on their child's educational efforts

Work with parents and guardians to provide the student with a comprehensive approach to coping with his or her learning disability. Maintain consistencies in the student's instruction and self-discipline by sharing strategies with parents/guardians that can be used during weekends or vacations.

Understand the laws and procedures that regulate special education programs

Familiarize yourself with laws protecting the rights of students with learning disabilities and advise parents of proper legal and school procedures. Help ensure that your school meets legal standards and requirements when conducting educational evaluations, parental advisory meetings, program development and placement of students with learning disabilities.

Advocate on behalf of your students

It is imperative for their emotional well-being that students with learning disabilities are seen as equal members of the school community. Teachers can work to ensure that school authorities offer these students equal opportunity. Teachers can also oppose any discriminatory or exclusionary act that would further stigmatize students with learning disabilities.

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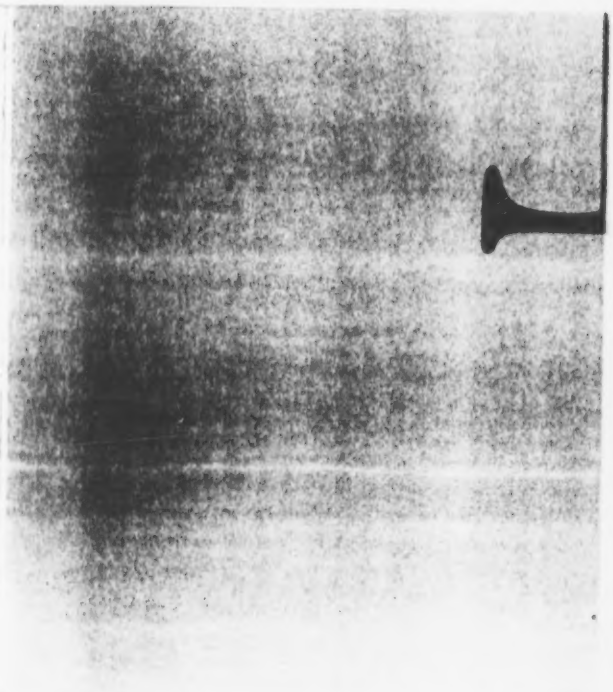

Know the "warning signs"

All students exhibit difficulties at one time or another with spoken or written language, memory, attention, concentration, organizational skills, physical coordination, and social behavior. However, if a student *consistently* displays difficulty with a *group* of these behaviors, it is a good indication of a possible learning disability.

Participate in ongoing workshops and staff development programs

Good teachers are constantly learning. Update your teaching skills and share successes (and challenges) with fellow educators. Their support and advice will help you to better address the needs of students with learning disabilities, and improve your own classroom skills. Seek the help of special educators and professional learning disability organizations. Draw on their expertise. Do not be afraid to acknowledge what you don't know.

Design a learning profile of each student

Monitor each student's ability and involvement in your classroom. By being aware of the learning styles, work level, reasoning ability, classroom participation, comprehension, and progress of a student with learning disabilities, you can effectively build on his or her existing strengths and weaknesses.

Develop effective teaching techniques

When students have learning disabilities, their brains work differently than those of other children; simply slowing the pace while using traditional teaching methods will not work. Use innovative techniques to maintain student interest and improve opportunities to learn. Develop or modify curricula and testing to ensure that students obtain the information and skills they need and that they are evaluated accordingly. Some examples:

- Always gain a student's attention before giving directions or initiating class instruction.
- Call the student by name. This will help alert the child to focus attention upon the classroom activity.
- Use visual aids to capitalize on a student's visual processing, and to provide the auditory/visual association needed to learn new concepts and language.

Compiled using information from the National Center For Learning Disabilities, the Orton [illegible] Society and the Learning Disabilities Association of America.

This brochure is part of an information kit on learning disabilities.

The Emily Hall Tremaine Foundation
290 Pratt Street Meriden, Connecticut 06450

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Pediatricians do a physical exam, but we also check on psycho-social development. With pre-school kids, sometimes you pick up on a problem because they're not achieving milestones.

With school-age kids, I ask the child how they're doing in school. If it takes the best friend ten minutes to do the homework, and the patient four hours, that's a big red flag. When there is a problem, the family needs an advocate to look at all the possible diagnoses.

A lot of physicians don't have the current information on learning disabilities. A lot of the times, we have to find it on our own."

— Focus Group, Pediatricians & Family Doctors, Bethesda, MD

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What Medical Professionals Can Do

Medical professionals play a key role in diagnosing children with learning disabilities and in educating parents, guardians and teachers on the conditions and consequences of learning disabilities. In a national survey of public awareness and knowledge of learning disabilities funded by the Emily Hall Tremaine Foundation, most Americans said they would look to a family doctor or pediatrician for information on their child's learning disability.

Experienced medical professionals agree that it is important to:

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Know the "warning signs" of learning disabilities in a young patient

Most children exhibit difficulties at one time or another with spoken or written language, memory, attention, concentration, organizational skills, physical coordination, or social behavior. In addition, some people suffer from visual or hearing defects that can seriously affect their reading and learning abilities. However, a *consistent* exhibition of a *group* of these behaviors is a good indication that a child may have a learning disability.

Keep up to date with developments in medical treatments and diagnoses of learning disabilities

Family doctors can help their patients by keeping up-to-date on current trends in diagnosing and assisting children with learning disabilities. Networking with other child care professionals and organizations at informational workshops and seminars can be helpful.

Listen to what parents say about their children's learning patterns

Parents and guardians have the greatest exposure to their child's early development and are often the first to detect early signs of a learning disability. When parents approach a doctor with their concerns, the doctor could listen to and record their observations and opinions and, with this information in mind, examine the child for any symptoms of a learning disability.

Beware of diagnoses of hearing or eyesight problems

Visual defects, subtle or severe, do not cause the reversal of letters, words, or numbers; nor do hearing defects cause a child to forget previously heard (or learned) information. Making a quick diagnosis of hearing or eyesight problems without a thorough examination may only delay or prevent proper treatment of a child who is actually experiencing learning disabilities.

Conduct a comprehensive examination of young patients at risk at the earliest possible opportunity

Family doctors may have the benefit of treating several generations of the same family, and can track inherited incidences of learning disabilities within a family. As early as pre-school, doctors should make a comprehensive medical assessment of patients at risk to determine whether they possess any of the symptoms of a learning disability.

Refer a child who may have learning disabilities to an appropriate specialist

If a doctor suspects a young patient has learning disabilities, he or she should refer the child to a medical specialist (e.g., behavioral pediatrician, pediatric neurologist or child psychologist) for an in-depth psychological and medical examination, and to an educational specialist for a thorough assessment of the child's academic ability.

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Coordinate your treatment of the child with the educational and psychological professionals involved

The best way to help a child with learning disabilities is to develop a multi-disciplinary approach to diagnosis and treatment involving educators, psychologists, and physicians, as well as the child's parents or guardian. Doctors should work with these professionals to help the child receive the best possible care and treatment, and ensure that the child is comfortable with the treatments and learning strategies involved.

Be sensitive to the needs and feelings of the child with learning disabilities

By the time a child with learning disabilities comes to a doctor, he or she may have already experienced academic failure. Medical practitioners should be especially sensitive when dealing with children who may feel stigmatized by learning disabilities. Medical professionals should work closely with parents or guardians to ensure the child is aware that they they are no less intelligent than other children and that they can learn to compensate for their learning disabilities.

Educate parents and guardians to recognize early warning signs of learning disabilities

Medical professionals can assist parents by providing information on normal rates of development of cognitive, speech, reading and comprehension abilities. By highlighting warning signs of learning disabilities, medical professionals can ensure that the child will receive early, effective care.

Invite medical experts to a local community meeting to discuss learning disabilities with parents, guardians and educators

Public education and awareness of learning disabilities are essential to improving the lives of children and adults living with learning disabilities. Local doctors can arrange a community meeting and invite one or more medical experts to de-mystify learning disabilities and their consequences for children, parents, educators, and doctors.

Refer parents of children with learning disabilities to national organizations for further information

Provide parents with the names of national medical associations and the organizations listed in the *Resources* pamphlet of this kit.

Compiled using information from the American Academy of Pediatrics, the National Center For Learning Disabilities, the Orton Dyslexia Society and the Learning Disabilities Association of America.

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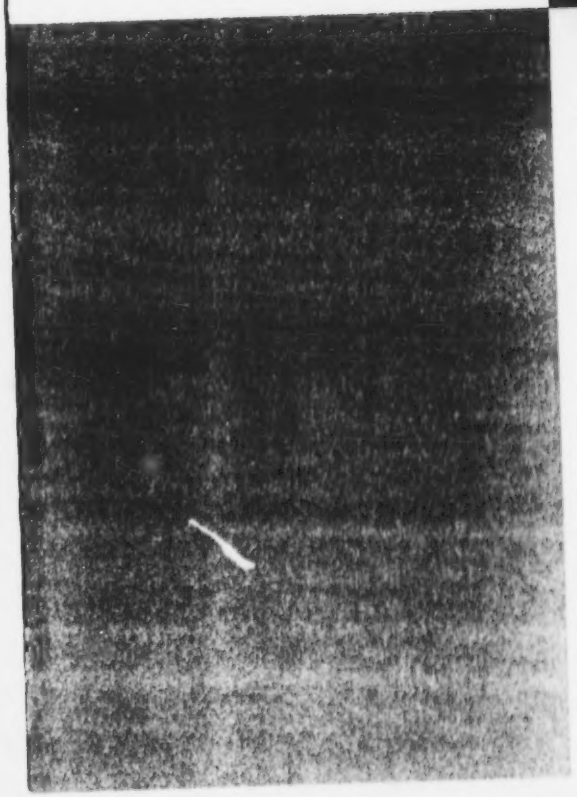

We don't learn the same way other people do. It takes a little more or a little longer to learn some of the same things. I learn very quickly with the hands on stuff, but I have no short term memory–I can't take notes or anything. So people (are) writing and stuff, and I'm still stuck on the first sentence. It seems to me everyone's so far ahead of me and I'm so far behind everyone.

– Focus Group, Teenagers with Learning Disabilities
Connecticut

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Warning Signs

Early diagnosis of a child's learning disability, and timely intervention by parents, teachers or doctors, can significantly improve his or her self-esteem, academic achievement, and ability to form and maintain relationships. Adults should familiarize themselves with the warning signs of learning disabilities and the common characteristics of children with learning disabilities. The following checklist provides a range of characteristics that could indicate the presence of learning disabilities in a child. Most people will be able to answer "yes" to one or more of them, but this does not necessarily indicate the presence of learning disabilities. However, if a child exhibits several of the following characteristics, it is often a good indication that he or she may have one or more learning disabilities.

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Reading

May have poor reading ability or poor comprehension

May often misread information

May have problems with syntax or grammar

May confuse similar letters or numbers, reverse them, or confuse their order

May have difficulty reading addresses, small print and/or columns

Writing

May have difficulty writing ideas and/or organizing thoughts on paper

May reverse or omit letters, words or phrases when writing

May have problems with sentence structure, writing mechanics, and organization

May frequently spell the same word differently in a single document

May read well but not write well (or vice versa)

Math

May have difficulty with arithmetic, math language, and math concepts

May reverse numbers

May have difficulty with time, sequencing, and problem solving

Language

May be able to explain things orally, but not in writing

May have difficulty telling or understanding jokes or stories

May misinterpret language or have poor comprehension of what is said

May respond in an inappropriate manner, unrelated to what is said, or only respond partially to what is said

Auditory

May not respond to sounds of spoken language, or may consistently misunderstand what is being said

May be bothered by different frequencies of sound (i.e., music, vacuums, loud noises) or may be overly sensitive to sound

May have difficulty in differentiating sounds that occur simultaneously

Cognitive

May acquire new skills slowly

May have difficulty following directions, especially multiple directions

May experience visual spatial confusion (i.e., confuse right and left, up and down, under and over, behind and between)

May get lost in large buildings

May seem unaware of time or sequence of events

Motor

May perform similar tasks differently from day to day

May have trouble dialing phone numbers or holding a pen/pencil

May have poor coordination, be clumsy, unaware of physical surroundings, or have a tendency to hurt his/her self

Memory

May be able to learn information presented in one way, but not in another

May find it difficult to memorize information, (i.e., phone numbers, days of the week, or months of the year)

May be unable to repeat what has just been said

Organization

May have difficulty following a schedule or being on time

May have trouble learning about time

May have difficulty organizing belongings

Social

May have difficulty with social skills

May misinterpret non-verbal social cues

May experience social isolation

May not use appropriate eye contact

Attention

May have a short attention span or be impulsive

May have difficulty conforming to routines

May be easily distracted

May experience stress on extended mental effort

Common Learning Disabilities

The following are learning disabilities

Dyslexia is a reading disability that causes people to have trouble understanding words, sentences or paragraphs.

Dyscalculia causes people to have problems doing arithmetic and grasping mathematical concepts. While many people have problems with math, a person with dyscalculia has a much more difficult time solving basic math problems than his or her peers.

Dysgraphia is a writing disorder that causes people to have difficulty forming letters or writing within a defined space. People with this disorder need extra time and effort to write neatly. Despite their efforts, their handwriting may be almost illegible.

Dyspraxia is a problem with the body's system of motion that interferes with a person's ability to make a controlled or coordinated physical response in a given situation.

Auditory, Memory and Processing Disability describes problems people have in understanding or remembering words or sounds because their brains fail to understand language correctly. This can often be mistaken by parents and doctors as a hearing problem, but in fact, the individual with this disability is not able to process or memorize information.

The following are NOT learning disabilities

Attention Deficit Disorder (ADD)*
Attention Deficit Hyperactivity Disorder (ADHD)*
Autism
Blindness
Deafness
Emotional Difficulties
Hyperactivity
Illiteracy
Mental Retardation/Low IQ/"slow learner"
Physical Disability

* *While not a learning disability itself, there is a 2-3% probability that someone with ADD or ADHD also has one or more learning disabilities. Source: Children & Adults with Attention Deficit Disorder (C.H.A.D.D.)*

Compiled from information provided by the American Council on Education, the National Adult Literacy And Learning Disabilities Center, the American Academy of Pediatrics and the National Center For Learning Disabilities

This brochure is a part of an information kit on learning disabilities.

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Learning Disabilities Research

Over the past five years researchers have made a number of discoveries that have exciting implications for improving the education and quality-of-life of people with learning disabilities. There have been important findings in the areas of genetics, neurobiology, language, and treatment, and researchers believe that many more of our fundamental questions about learning disabilities will be answered in the near future.

There are still many unanswered questions about learning disabilities, but research is moving faster than ever before. One thing we are sure of is that early diagnosis and intervention is key. We now know that 85 to 90 percent of cases of reading disabilities can be predicted as early as age six, using inexpensive screening measures. Children who receive early diagnosis and intervention have a much greater chance of learning to overcome their disability.

G. Reid Lyon, Ph.D.
Director, Learning Disabilities Program
National Institute of Child Health
& Human Development

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So much work is underway, in fact, that one of the major challenges is coordinating current research efforts. The fields of education, speech and language pathology, psychology, psychiatry, neurology, neuropsychology, and many other disciplines each have a role to play.

To address this challenge, Congress created the Interagency Committee on Learning Disabilities in 1985, and charged the committee with reviewing and prioritizing learning disabilities research and with recommending ways to improve the coordination of research and the dissemination of research findings.

Following the Committee recommendations, the National Institute of Child Health and Human Development (NICHD), a branch of the U.S. National Institutes of Health, established learning disabilities research centers at prestigious medical centers around the country including Beth Israel Hospital and Harvard Medical School, Bowman Gray School of Medicine, John Hopkins School of Medicine, University of Colorado, University of Miami, and Yale University. Additional research, supported by the government of Canada, is also underway at the Ontario Institute for Studies in Education.

Many of the findings in this brochure came from these research centers.

Reading Disabilities and Phonological Deficits
(Commonly known as Dyslexia)

At least 80 to 85 percent of children and adults diagnosed with learning disabilities experience severe difficulties learning to read. As a result of recent studies, we now know the primary deficit that causes children to be poor readers, despite average or above average intelligence.

Phoneme segmentation is the term used to describe our ability to recognize and "decode" words as we read them–the processes involved in connecting sounds, words, and sentences with their meaning. Your ability to read and comprehend this sentence depends on the rapid and automatic recognition and decoding of each word. Similarly, the ability to accurately and fluently decode single words depends on your unconscious ability to segment words and syllables into phonemes, the smallest unit of discernible sound.

People with a reading disability experience a deficit at the phoneme segmentation level. They have an underdeveloped ability to associate sounds with symbols in a rapid and accurate fashion. For these individuals, reading comprehension is often poor because decoding is slow and inaccurate. Difficulties in breaking words into phonemes result in a highly labored and inefficient approach to reading.

Several NICHD-supported scientists are beginning to identify the brain regions responsible for phonology. Understanding the phonological process can help scientists develop methods to identify those kindergarten and first grade children who are likely to experience a reading disability.

Interventions for Children with Reading and other Disabilities

Researchers have made significant headway in identifying which teaching and intervention methods are most effective for children with reading and attention disorders. Research at both Florida State and the University of Houston indicate that interventions for children with reading disabilities have the highest probability for success when they contain direct and explicit instruction in phoneme awareness coupled with sound/symbol relationships. Research also shows that this teaching methodology is most effective when presented in a language-rich format and in contexts that are interesting to the young reader.

These interventions need to be provided early (preferably in grades 1 or 2) to be maximally effective. Children with reading disabilities who have not received early intervention can still be helped, but the longer a disability goes without intervention, the more difficult it will be for that child to develop skills to cope effectively with their disability.

Implications for Education

In contrast to conventional wisdom, data from longitudinal and family studies show that as many girls as boys are affected by reading disabilities, a finding that has important implications for education. Within the classroom, the naturally more active behavior of boys may lead to their identification as reading disabled, while girls, who have equal rates of reading disability, are frequently overlooked.

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Definition/Diagnosis of Learning Disabilities

A learning disability is a neurobiological disorder, meaning it is a learning or behavioral difficulty that is related to differences in brain structure and/or function. Early diagnosis and intervention are key to the successful treatment of learning disabilities.

Currently, the most commonly used diagnostic tool is the "discrepancy diagnosis," which is based on measuring the discrepancy between a child's aptitude (as measured by IQ) and the child's actual performance in school. Unfortunately there is a clear problem with discrepancy diagnosis: a child must fall behind at school an average of two full years before a diagnosis can be made. In a sense, discrepancy diagnosis is a "wait to fail" strategy.

The fact that we have no consistent definition of what constitutes a learning disability means that guidelines for treatment are frequently set by state governments rather than by educators, psychologists, or physicians. Thus, a child who is entitled to special learning assistance in one state may be considered ineligible for special help in another.

Among the top priorities for researchers and educators are clarifying what constitutes a learning disability, improving the methods of diagnosing those disabilities, and developing interventions that can be monitored to see how much they benefit children with learning disabilities.

Neuroimaging–Understanding How the Brain Works

The brain is an enormously complex organ, and our understanding of how it functions is still far from complete. Researchers are studying the brain activity of individuals with learning disabilities and individuals who learn normally, to find even minute differences that might be linked to learning disabilities.

A new, non-invasive technology called **functional magnetic resonance neuroimaging** allows scientists to observe brain activity while a child attempts to read. Neuroimaging involves taking detailed pictures of the brain to determine whether the brains of people with learning disabilities exhibit differences from the brains of people who learn normally.

This imaging technology has provided the first look at where phonological processing, the basis of reading, takes place in the central nervous system. Preliminary data show that for reading disabled adults and children, the areas of the brain responsible for phonological processing behave differently than for individuals who read well.

Several preliminary studies also focus on a structure deep in the brain called the thalamus, which mediates sensory input to the cerebral cortex. The function of the thalamus has been likened to a telephone switchboard, receiving information signals and routing them to different areas of the brain. Some research indicates that activation levels in the thalamus may be different between normal-reading and dyslexic adults.

Genetics and Learning Disabilities

Reading disabilities tend to run in families, and researchers now believe **that deficits in phonological awareness are the most likely component of reading disability to be inherited genetically. In addition, scientists believe at least one type of reading disorder can be linked to the HLA region of chromosome 6, reflecting a possible association with autoimmune disorders.**

Attention and Learning Disabilities

Between 15% and 45% of children with reading disabilities also have Attention Deficit Disorder (ADD). While reading disability and ADD are distinct disorders, the high rate of co-occurrence raises questions for researchers. Studies are currently underway to understand this link between reading disabilities and disorders of attention in some children.

Researchers are also working to develop a precise system of classification for disorders of attention, which would help in better understanding these disorders, and in developing and evaluating effective treatments.

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Future Research

Recent research findings have lead to further questions about the origins, diagnosis and treatment of learning disabilities. The following are a few of the priority areas identified by NICHD scientists for new and continuing research:

- Ongoing research into the **impact of co-morbidity**, or the appearance of more than one learning and/or attention deficit in the same child. In one current study, children with early language disorders are being studied to determine what role language disorders may play in the development of reading disabilities.
- Further research, using non-invasive neuroimaging techniques, into the **structure, function, and development of the brain** in children and adults with and without learning disabilities. This research will help us to better understand how the brain learns language, reading, writing, mathematical and social skills.
- Further studies of the **role of genetics** in the development of learning disabilities. Recent findings indicate a possible genetic marker for reading disability, or dyslexia. Further study could serve to establish an early identification methodology for reading disability.
- Scientists agree that we need a better understanding of **how learning disabilities develop over time.** In one major study now underway, 414 students identified as having a reading disability in kindergarten are being closely monitored through high school. In another, boys and girls with learning disabilities are being followed through puberty to determine the effect of endocrinologic changes on their learning skills.
- Studies now underway focus on identifying the most useful and productive **methods of treatment and intervention** for different types of learning disabilities at different times in a child's development. In some of these studies, twin pairs of disabled readers are being monitored to determine which teaching interventions are most helpful.
- More long-term studies are needed to understand the interaction of **biological, psychological, social, cultural, and educational variables in the development of learning disabilities. These long-term studies will also help us better understand the behavioral, psychological, educational, occupational, and social outcomes of growing up with learning disabilities, as well as which interventions are most effective.**

Applying Research

Research is important, but, to be effective research must be applied so that it actually benefits children and families with learning disabilities. Today, less than ten percent of our nation's teachers are adequately prepared to address learning deficits in their classrooms in a timely manner.

Although we now have the ability to identify and help at-risk youngsters as early as kindergarten, the majority of children with learning disabilities are not identified until nine years of age. Unfortunately, this delay in identifying and treating children with learning disabilities means at least three-quarters of these children will have continuing difficulties in learning.

As progress is made on the scientific front, researchers must make sure that their findings, particularly concerning the diagnosis and treatment of learning disabilities, reach educators, physicians, and parents, and that this research helps to make a positive difference in the lives of individuals with learning disabilities.

Sources: G. Reid Lyon, Ph.D., "Research Initiatives in Learning Disabilities: Contributions from Scientists Supported by the National Institute of Child Health and Human Development," Journal of Child Neurology 10:1 (1995).

G. Reid Lyon, Ph.D., "Statement of G. Reid Lyon, Ph.D. Human Behavior Branch, Center for Research for Mothers and Children, National Institute of Child Health and Human Development, National Institutes of Health to the Subcommittee on Labor and Human Resources, United States Senate," 16 [illegible].

G. Reid Lyon, Ph.D., "Towards a Definition of Dyslexia," Annals of Dyslexia [illegible] 51:3–27.

Wade Roush, "Arguing Over Why Johnny Can't Read," Science 262 (March 19[illegible]) 1896–1898.

This brochure is a part of an information kit on learning disabilities.

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Legal Rights of Parents & Guardians Whose Children Have Learning Disabilities

Parents and guardians of children with learning disabilities should familiarize themselves with the laws that govern special education to ensure that schools and educators are doing the best possible job to educate their children.

The following federal laws guarantee children with learning disabilities a free appropriate public education. These laws also allow parents to participate in developing an Individualized Education Program (IEP), and ensure that the program will be carried out for their child.

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Legal Rights

Some schools ignore the problem, because it costs them money to diagnose them and that's the whole deal right there. You have to talk to your parents and then have them talk to the schools, because that's actually a law ...it's required that if your parents request testing, the school has to give it to you. And that's really the first thing you need to do. Find out if you've got a problem.

— Focus Group, Teenagers with Learning Disabilities, Connecticut

Individuals with Disabilities Education Act–IDEA 1990

Public Law 102-119

Formally known as the Education of the Handicapped Act (EHA) and incorporates the Education for all Handicapped Children Act (1975)

Section 504 of the Rehabilitation Act of 1973

Ensures no otherwise qualified individual with a disability in the United States... shall solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or any program or activity conducted by any executive agency or by the United States Postal Service... (29 U.S.C.A. Section 794) (West Sup. 1990, as amended by the Rehabilitation Act amendments of 1992.)

The Americans with Disabilities Act of 1990

Public Law 101-336 July 26, 1990

Every state has additional laws governing education, special education and related services. State laws can never best[illegible]ess rights upon a child and his or her parents/guardian than federal laws do. State laws may and often do set standards higher than those set by federal law. State laws set the procedure due process rights of parents of children with [illegible]. Ask your school district for information [illegible] laws or call your state Department [illegible]ation.

Under the Individuals with Disabilities Education Act (IDEA) parents and students with learning disabilities have the following rights:

Identification of the Disability

When you suspect that your child has a **learning disability, you have** the right to:

- **Receive notice and give** consent before **the evaluation takes place**;
- **Examine all your child's** records;
- **Have your child tested** in all areas **related to the suspected** disability;
- **See the results of the** evaluation and have them explained to you in your native language. You may request an independent evaluation at public expense if one is not available at your school district or if you feel the school's evaluation is not adequate;
- Have the school division consider all independent evaluations and professional reports that are available;
- Receive a complete re-evaluation every three years, or more frequently, upon request.

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Eligibility Determination for Special Education Services

After all the relevant information has been gathered, a committee, called the multi-disciplinary team, meets to decide:

- If the student has a disability;
- If the student meets the criteria or standards for eligibility for special education services.

Parents may be invited to attend and participate in the meeting of the eligibility committee, but the federal law, as of this writing, does not require that parents/guardians be present.

The law does require that the multi-disciplinary committee for a student believed to have a learning disability include:

- A person who knows the student;
- A person who knows the meaning of the evaluation data;
- A person who knows about placement options;
- The student's regular teacher or, for a pre-school child, an individual qualified to teach a child that age;
- At least one person qualified to conduct individual diagnostic examinations of children;
- At least one team member other than the regular teacher who has observed the student's academic performance in the regular classroom.

In the event your child is deemed eligible for special education and related services, your child becomes entitled to a free appropriate special education and related services designed to meet his or her individual needs.

Individualized Education Program (IEP)

If your child is deemed eligible for special education and related services you are entitled to:

- An IEP, which must be developed within 30 days of eligibility. You have the right to receive a copy of your child's IEP;
- Participate in all meetings regarding the development, revision, and review of the IEP. You have the right to have meetings scheduled at a time that is mutually convenient for you and the school personnel;
- Have an advocate of your choice, and interpreter if necessary, accompany you to the IEP meetings;
- Have your child placed in an appropriate program close to home, and have instruction delivered in the least restrictive environment appropriate to your child's needs;
- Request a re-evaluation after your child is placed in a program if you feel his or her condition or needs have changed;
- Follow and be informed of your child's progress in the program in which he or she is placed.

Parents or guardians must consent, in writing, for initial placement in the special education system. Only parental notification, not parental signature, is required for the IEP.

Impartial Due Process Hearing

If you disagree with the IEP placement or carrying out of services for your child, you have the right to an impartial due process hearing.

If you are unhappy with your child's IEP or its implementation, you have the right to:

- Request an impartial due process hearing. State laws determine where you must apply to receive a due process hearing. Your school district has an obligation to make that information available to you upon request;
- Have your child remain in his/her "current education placement" under the "stay put provision" of IDEA. Filing for due process ensures that the child will remain in his/her current educational placement until an impartial hearing officer can make a decision as to where the child's most appropriate placement should be, or a settlement can be reached between the parties.

At a due process hearing you have the right to:

- Present evidence, confront, cross-examine, and compel witnesses to attend the hearing;
- Prohibit introduction of any documentary evidence or witnesses at the hearing which have not been disclosed at least five working days before the hearing;
- Request and obtain a written or electronic verbatim record of the hearing, when either party appeals the local hearing decision;
- Obtain findings of fact and decisions rendered by the hearing officer;
- Be informed by the school district of any low-cost legal and/or other relevant services available in the area;
- Be aware that only parents/guardians may request a public (open) due process hearing. Otherwise, the due process hearing is private. You may have your child present at the impartial due process hearing;
- Recover from the school system reasonable attorney's fees if the hearing officer or judge rules in your favor;
- You may appeal the decision of the hearing officer. The appeal process varies from state to state.

Note: Parents are entitled to have an attorney. Some states allow advocate non-attorneys to participate in due process hearings. School districts are represented by counsel during due process and the school districts have been through these on many occasions. Parents are well advised to at least speak to an education attorney so they may be as well prepared as possible.

In many states mediation is available prior to a full hearing and saves all parties money, time and aggravation. A majority of cases can be settled at mediation level. Parents may request mediation upon filing for due process.

School districts may also initiate due process hearings.

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School Records

You have the right to:

- Receive upon request a list of the types of records kept on your child, their location and how you may access them;
- Inspect, review, and copy any of your child's records or receive copies of them;
- Have someone at school explain or interpret information or material in your child's records;
- Have a representative of your choice inspect and review the records;
- Ask the school to change or delete any statement or information in your child's records which you believe is incorrect or misleading.

When Your Child is Ineligible

Your child may be determined ineligible for special education or a parent/guardian may choose not to have the child identified and served by special education.

- Some students with learning disabilities may not need special education services;
- Some students who are not found eligible for special education under IDEA may receive accommodations under Section 504 of the Rehabilitation Act of 1973 and, in some cases, under the Americans with Disabilities Act. Both laws prohibit discrimination on the basis of a disability;
- A parent may also challenge a school district's failure to make accommodations for a child with a disability under Section 504 of the Americans with Disabilities Act.

Determining the Appropriate Environment

The most important word in IEP is "individualized." Children with learning disabilities vary in their needs, as do the services that they must have available to them so that they may receive a free appropriate education. Frequently, the most appropriate education for a student with a learning disability is provided in a general education classroom.

Inclusion means putting a child with a disability in general education while still giving him or her special education and related services when needed. These services vary and may take the form of resource room help, technical assistance or assigning a classroom aid who is trained to help the individual student be successful in the general education classroom.

Although inclusion in the regular classroom may be a goal for many students with learning disabilities, parents should not sacrifice what special education, private special education and related services can do to help their child become most successful.

Additional Parental/Guardian Rights

- Your written consent must be obtained before the school district can do an initial evaluation to determine your child's eligibility for special education and related services, and for the initial placement of your child in a program providing special education and related services. Under IDEA the school district only has to notify parents about re-evaluations or changes in placement.
- You have the right to advocate for what is best for your child and not be limited by what the school district offers or has available.
- You have the right to have your child placed in a private school at the school district's expense if your school district cannot provide your child with an appropriate education in the public school setting.
- You have the right to file a complaint with the Complaints Officer at your state's Department of Education if you feel the school decision has not or is not complying with special education law and regulations.
- You have the right to file a formal complaint with the Federal Office of Civil Rights if you feel you or your child have been the subject of discrimination based on a disability.

State Laws

Parents should look into state laws by calling the state Department of Education, the federally funded parent training center in their state, or the national learning disability organizations listed in the *Resource* pamphlet of this kit.

This brochure is a part of an information kit on learning disabilities.

The Emily Hall Tremaine Foundation

290 Pratt Street Meriden, Connecticut 06450

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Compiled using information from the National Center for Learning Disabilities and the Learning Disabilities Association of America

Advocating For A Child With Learning Disabilities

Learning disabilities effect one in every seven children. Yet, even among medical and educational professionals, awareness of what can be done to help these children is limited. Parents and loved ones of people struggling with learning disabilities can ease the burden by becoming strong advocates. As an advocate you can have a positive effect on many lives by educating school professionals about special needs, focusing community and government attention on citizens with learning disabilities, sensitizing medical professionals to the warning signs, and improving public awareness of learning disabilities through the media.

When my son was diagnosed with a learning disability, I didn't know much about it. It turns out a lot of the local school officials didn't know much about it either. So a number of parents have gotten together as a sort of informal advocacy group. We write letters, attend school board meetings and contact the press. Now a lot more people know the facts about learning disabilities, and we feel we've made a contribution for our kids.

–Parent of a child with learning disabilities

Learn All You Can

The first step in becoming an advocate is to learn about learning disabilities, your legal rights, your child's needs and the national advocacy organizations and support groups available for you.

You don't have to be a by-the-book expert to be an effective advocate, but you should know the following:

- **The facts about learning disabilities.** Your personal experience is one of the strongest tools you have as an advocate. To be effective, learn as much about learning disabilities as you can. You can get information and articles on learning disabilities from your library, your school district, state Department of Education, and groups in the *Resources* pamphlet in this kit.
- **The resources available to help you and your child.** There are both national advocacy organizations and local support groups for people with learning disabilities and their loved ones in every part of the country. These groups can provide support and information about services in your area. A list of these groups appears in the *Resources* pamphlet in this kit. Or, refer to your local yellow pages.
- **Your legal rights and the rights of your child.** Any child who may have a learning disability has the right to a free assessment, and to receive appropriate educational services and accommodations in the least restrictive environment. As a parent or guardian, you have the right to review your child's records and have the results of his or her evaluation explained to you.

For more information, see the *Legal Rights* or *Resources* pamphlet in this kit.

Advocacy in the Schools

Your child's legal right to an appropriate education is guaranteed by law. However, some school personnel may not fully understand what services they must provide students with learning disabilities. As an advocate, you can help ensure that your child and other children receive the school assistance they're entitled to. A few suggestions:

- Keep in contact with school personnel, and ask for regular meetings with your child's teachers. It helps to let teachers know that you're actively involved in your child's education and prepared to work with them.
- If you do research or receive information about your child's learning disability, share it with his/her teachers. Not every school official has the latest information.
- Attend school board meetings, and let the school board know that you are the parent of a child with a learning disability. If you have any information on learning disabilities, share it with school board members.
- Be aware of what's happening at your state Department of Education. Since there's no consistent medical definition of what constitutes a learning disability, state and local officials usually decide who is eligible for help–and who isn't. Let them know that parents of children with learning disabilities are aware and involved. Attend meetings, write letters and make phone calls when you agree with what education officials are doing–and when you don't.

Advocacy with Medical Professionals

- Share information about your child's condition and progress–and ask questions.
- If you don't understand everything a physician or nurse says about your child's condition, ask for it to be explained more clearly. If you still don't understand, or if you feel your child is not getting proper attention, seek the opinion of another medical professional.

Advocacy with the Media

The media–newspapers, television, and radio–are the most powerful communications tools we have. Yet the media rarely covers the subject of learning disabilities. Let your local news outlets know that learning disabilities are common, interventions are available, and that ignoring learning disabilities can create serious consequences for the individual and society.

Check the media for the latest information on learning disabilities and be a media watchdog:

- If a news or entertainment program gives incorrect or stereotypical information about learning disabilities, contact the network or reporter and ask for more sensitive and accurate coverage.
- Contact education reporters in your area. Let them know what you know about the issues, and ask them to cover local issues of concern to children with learning disabilities and their parents. Encourage reporters to attend local government or school board meetings where education and learning disabilities issues are discussed. Invite them to attend parent support group meetings or to interview children with learning disabilities to "put a human face" on the issue.
- Copy pieces of this information kit and distribute them to reporters, editors, and education officials in your community.
- Letters to the editor are an excellent way to advocate, clear up misconceptions, and sensitize newspapers to community concerns.

Remember, children with learning disabilities have a difficult time advocating for themselves. Each of us can help them, and help ourselves, by becoming advocates for people with learning disabilities.

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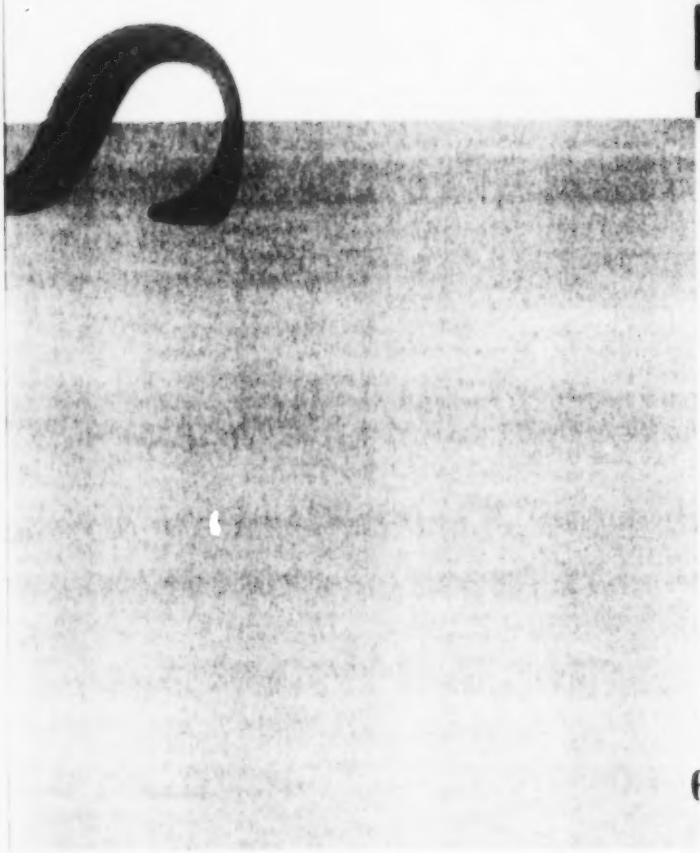

think that people who have some information on it know more, like some teachers know a lot about it, because they've had students that have it. So they don't think that people with learning disabilities are stupid or anything. But kids that don't know anything about it, they'll say, "Oh learning disabilities, those kids are retarded or stupid." So people who know about it don't think that way, but people that don't have any information on it might think that."

— Focus Group, Teenagers with Learning Disabilities
Connecticut

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Resource List of National Organizations

Learning Disabilities Association of America

4156 Library Road
Pittsburgh, PA 15234

412-341-1515 or 412-341-8077
fax: 412-344-0224

National Center for Learning Disabilities

381 Park Avenue South
Suite 1420
New York, NY 10016

212-545-7510
fax: 212-545-9665

Orton Dyslexia Society

8600 Lasalle Road
Chester Building, Suite 382
Baltimore, MD 21286

410-296-0232 or 800-222-3123
fax: 410-321-5069

e-mail: ods@pie.org
web site: http://www.ods.pie.org/1363.9

Parents Educational Resource Center

1660 South Amphlett Boulevard
Suite 200
San Mateo, CA 94402-2508

415-655-2410
fax: 415-655-2411

Council for Learning Disabilities

P.O. Box 40303
Overland Park, KS 66204

913-492-8755
fax: 913-492-2546

Children and Adults with Attention Deficit Disorder

499 N.W. 70th Avenue, Suite 101
Plantation, FL 33317

954-587-3700
fax: 954-587-4599
web site: http://www.chadd.org

Council for Exceptional Children, Eric Clearinghouse on Disabilities & Gifted Children

1920 Association Drive
Reston, VA 22091

1-800-328-0272
fax: 703-620-2521

Association on Higher Education and Disability (AHEAD)

P.O. Box 21192
Columbus, OH 43221-0192

614-488-4972
fax: 614-488-1174

American Speech-Language-Hearing Association (ASHA)

10801 Rockville Pike
Rockville, MD 20852

301-897-5700
fax: 301-571-0457

International Reading Association

800 Barksdale Road
P.O. Box 8139
Newark, DE 19714-8139

302-731-1600
fax: 302-731-1057

National Association of School Psychologists

4340 East West Highway
Suite 402
Bethesda, MD 20814

301-657-0270
fax: 301-657-0275

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